# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 1-15**, **2007.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Fed	eral Assis	stance SF-424		Version	1 02	
* 1. Type of Submission:  Preapplication  Application		* 2. Type of Application:  New  Continuation	* If Revision, select appropriate letter(s  * Other (Specify)	):		
☐ Changed/Corrected Ap		Revision				
* 3. Date Received:		4. Applicant Identifier:				
			No.			
5a. Federal Entity Identifie	er:		* 5b. Federal Award Identifier:			
			07146			
State Use Only:						
6. Date Received by State	:	7. State Application	n Identifier:			
8. APPLICANT INFORMA	TION:					
* a. Legal Name: Valley	Public Telev	rision, Inc.				
* b. Employer/Taxpayer Id	entification N	lumber (EIN/TIN):	* c. Organizational DUNS:			
77-0162617			61-193-0918			
d. Address:						
* Street1: 1544	Van Ness A	venue				
Street2:						
* City: Fres	no					
County:				RECEIVED	1	
* State: CA Province:						
	: United Stat	tes		AUG 0 2 2007		
* Zip / Postal Code: 9372				STATE CLEARING HOUSE		
e. Organizational Unit:				The state of the s		
Department Name:		Manufacture and the state of th	Division Name:			
		*				
f. Name and contact info	rmation of p	erson to be contacted on	matters involving this application:			
Prefix: Ms.		* First Name	Phyllis			
Middle Name:						
* Last Name: Brotherton			www.			
Suffix:						
Title: Senior VP & CFO						
Organizational Affiliation: PBS						
* Telephone Number: (559) 266-1800 Fax Number: (559) 650-1880						
* Email: pbrotherton@kv						
L	,					

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
М	
Type of Applicant 2: Select Applicant Type:	-
Type of Applicant 3: Select Applicant Type:	_
Other (specify):	
* 10. Name of Federal Agency:	
NTIA / OTIA / PTFP	
11. Catalog of Federal Domestic Assistance Number:	
11.550	
CFDA Title:	
Public Telecommunications Facilities Program	
* 12. Funding Opportunity Number:	
TBA	
* Title:	
Public Telecommunications Facilities Program	
13. Competition Identification Number:	
·	
Title	
14. Areas Affected by Project (Cities, Counties, States, etc):	
Bakersfield	
Dakei Silietu	
* 15. Descriptive Title of Applicant's Project:	
Construction Project	
Attach supporting documents as specified in agency instructions.	

Application	n for Federal Assista	ince SF-424		Version 02		
16. Congressi	onal Districts Of:					
* a. Applicant	19	WW.	* b. Program/Project	20,22		
Attach an addi	tional list of Program/Proje	ct Congressional Districts it	f needed.			
				Year the second		
17. Proposed			N. 5. IB.	F		
* a. Start Date:	10/01/2007		* b. End Date:	03/31/2009		
18. Estimated	Funding (\$):					
* a. Federal	57,750					
* b. Applicant	57,750					
* c. State						
* d. Local						
* e. Other						
* f. Program Inc	come					
* g. TOTAL	115,500					
a. This appli	cation was made available		cutive Order 12372 Process for review	v on 07/30/2007		
	-	t has not been selected by	the State for review.			
	s not covered by E.O. 123					
* 20. Is the Ap	olicant Delinquent On An	y Federal Debt? (If "Yes"	, provide explanation.)			
herin are true, comply with a	complete and accurate t ny resulting terms if I acc	o the best of my knowled ept an award. I am aware	entained in the list of certifications** ge. I also provide the required assu that thy false, fictitious, or fraudul S. Code, Title 218, Section 1001)	rances** and agree to		
▼ ** I AGREE						
** The list of ce specific instruct	rtifications and assurances ions.	, or an internet site where y	you may obtain this list, is contained ir	the announcement or agency		
Authorized Re	presentative:					
Prefix:	Ms.	* First Name:	Phyllis			
Middle Name:						
* Last Name:	Brotherton					
Suffix:						
* Title: Senio	r VP & CFO					
* Telephone Nu	mber: (559) 266-1800		Fax Number: (559) 650-1	380		
* Email: pbrotherton@kvpt.org						
* Signature of A	uthorized Representative	Fresh X	Mare Signed: 7	26/17		

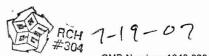
Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102

Application for	Federal Assis	stance SF-424		Version 02	
* 1. Type of Submiss	ion:	* 2. Type of Application:	* If Revision, select appropriate letter(s):		
Preapplication					
✓ Application Continuation *		* Other (Specify)			
Changed/Correcte	ed Application	Revision			
* 3. Date Received:		4. Applicant Identifier:			
Completed by Grants.gov	upon submission.	R9 Tracking Number 07-4	27	ī	
5a. Federal Entity Ide	entifier:		* 5b. Federal Award Identifier:		
State Use Only:					
6. Date Received by	State:	7. State Application	n Identifier:		
8. APPLICANT INFO	RMATION:			,	
* a. Legal Name: C	alifornia Air Res	ources Board			
* b. Employer/Taxpay	er Identification N	lumber (EIN/TIN):	* c. Organizational DUNS:		
68-0288069			828321871		
d. Address:				* *	
* Street1:	1001   Street				
Street2:	P.O. Box 281	5			
* City:	Sacramento	8			
County:	Sacramento				
* State:	California			,	
Province:	_				
* Country:	USA				
* Zip / Postal Code:	95812				
e. Organizational U	Init:				
Department Name:		=	Division Name:		
California Air Re	sources Board	d	Administrative Services Division		
f. Name and contac	t information of	person to be contacted on	matters involving this application:		
Prefix: Mr.		* First Nam	ne: Matthew	RECEIVED	
Middle Name:	Middle Name: AUG 0 3 2007				
* Last Name: Singh					
Suffix: STATE CLEARING HOUSE					
Title: Staff Service	ces Manager I			Amy or consultation of supplication who limit denotes that the property of the	
Organizational Affilia	tion:				
* Telephone Number	(916) 322-82	201	Fax Number: (916) 322-9	612	
* Email: msingh@	Darb.ca.gov				

* 15. Descriptive Title of Applicant's Project:  Program for the control of air pollution emissions as mandated by state and federal law, review of local and regional air pollution control efforts, and other functions appropriate to achieve air quality standard.  Attach supporting documents as specified in agency instructions.	Application for Federal Assistance SF-424	Version 02
Type of Applicant 3: Select Applicant Type:  * Other (specify):  * 10. Name of Federal Agency:  Environmental Protection Agency  11. Catalog of Federal Domestic Assistance Number:  66.001  CFDA Title:  Air Pollution Control Program Support  * 12. Funding Opportunity Number:  * Title:  13. Competition identification Number:  Title:  14. Areas Affected by Project (Cities, Counties, States, etc.):  Sate of California  * 15. Descriptive Title of Applicant's Project:  Program for the control of air pollution emissions as mandated by state and federal law, review of local and regional air pollution control efforts, and other functions appropriate to achieve. air cuality standard.  Attachs supporting documents as specified in agency instructions.	9. Type of Applicant 1: Select Applicant Type:	
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* Other (specify):  - * 10. Name of Fodoral Agency:  Environmental Protection Agency  11. Catalog of Federal Domestic Assistance Number:  68.001  CFDA Title:  Air Poliution Control Program Support  * 12. Funding Opportunity Number:  * Title:  13. Competition Identification Number:  Title:  14. Areas Affected by Project (Cities, Counties, States, etc.):  Sate of California  * 15. Descriptive Title of Applicant's Project:  Program for the control of air pollution emissions as mandated by state and federal law, review of local and regional air pollution control efforts, and other functions appropriate to archieve a.ir. nuality. standard.  Altach supporting documents as specified in agency instructions.	Type of Applicant 2. Select Applicant Type.	
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Sate of California  * 15. Descriptive Title of Applicant's Project:  Program for the control of air pollution emissions as mandated by state and federal law, review of local and regional air pollution control efforts, and other functions appropriate to achieve air quality standard.  Attach supporting documents as specified in agency instructions.	Title:	
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review of local and regional air pollution control efforts, and other functions appropriate to achieve air quality standard.  Attach supporting documents as specified in agency instructions.		
achieve air qualify standard.  Attach supporting documents as specified in agency instructions.		
	Attach supporting documents as specified in agency instructions.  Add Attachments Delete Attachments View Attachments	

16. Congression			
* a. Applicant	03	* b. Program/Project St	atewide
Attach an additio	nal list of Program/Projec	Congressional Districts if needed.	
		Add Attachment   Celete Attachment   View Attachment	
17. Proposed Pr	oject:		
* a. Start Date:	10/1/07	* b. End Date: 9/3	30/08
18. Estimated F	unding (\$):		
* a. Federal		\$7,552,195.00	
* b. Applicant		\$20,515,500.00	
* c. State			
* d. Local			
* e. Other			
* f. Program Inco	ome		
* g. TOTAL		\$28,067,695.00	
	not covered by E.O. 1237	y Federal Debt? (If "Yes", provide explanation.)	and the state of t
* 20. Is the Appl	licant Delinquent On An		,
* 20. Is the Appl Yes  21. *By signing herein are true, comply with any	licant Delinquent On An  No Ext this application, I certify complete and accurate y resulting terms if I acc	y Federal Debt? (If "Yes", provide explanation.)	nces** and agree to
* 20. Is the Appl Yes  21. *By signing herein are true, comply with any may subject me  ** I AGREE	this application, I certify complete and accurate y resulting terms if I accept to criminal, civil, or accept to criminal, civil, or accept to criminal acceptance to criminal accepta	y Federal Debt? (If "Yes", provide explanation.)  (1) to the statements contained in the list of certifications** and (2 to the best of my knowledge. I also provide the required assurancept an award. I am aware that any false, fictitious, or fraudulent s	nces** and agree to tatements or claims
* 20. Is the Appl  Yes  21. *By signing herein are true, comply with any may subject me  ** I AGREE  ** The list of certispecific instruction	this application, I certify complete and accurate y resulting terms if I accept to criminal, civil, or accept to criminal, civil, or accept to criminal acceptances to criminal acceptances to criminal acceptances to criminal acceptances to criminal acceptance to criminal acceptanc	y Federal Debt? (If "Yes", provide explanation.)  (1) to the statements contained in the list of certifications** and (2 to the best of my knowledge. I also provide the required assurancept an award. I am aware that any false, fictitious, or fraudulent s ministrative penalties. (U.S. Code, Title 218, Section 1001)	nces** and agree to tatements or claims
* 20. Is the Appl  Yes  21. *By signing herein are true, comply with any may subject me  ** I AGREE  ** The list of certispecific instruction	this application, I certify complete and accurate y resulting terms if I accept to criminal, civil, or accept to criminal, civil, or accept to criminal acceptances to criminal acceptances to criminal acceptances to criminal acceptances to criminal acceptance to criminal acceptanc	y Federal Debt? (If "Yes", provide explanation.)  (1) to the statements contained in the list of certifications** and (2 to the best of my knowledge. I also provide the required assurancept an award. I am aware that any false, fictitious, or fraudulent s ministrative penalties. (U.S. Code, Title 218, Section 1001)	nces** and agree to tatements or claims
* 20. Is the Appl  Yes  21. *By signing herein are true, comply with any may subject me  ** I AGREE  ** The list of certispecific instruction  Authorized Rep	this application, I certify complete and accurate y resulting terms if I accept to criminal, civil, or accept to criminal, civil, or accept to criminal accept to criminal accept to criminal acceptances on acceptance to criminal a	y Federal Debt? (If "Yes", provide explanation.)  (1) to the statements contained in the list of certifications** and (2 to the best of my knowledge. I also provide the required assurancept an award. I am aware that any false, fictitious, or fraudulent siministrative penalties. (U.S. Code, Title 218, Section 1001)  or an internet site where you may obtain this list, is contained in the analysis.	nces** and agree to tatements or claims
* 20. Is the Appl  Yes  21. *By signing herein are true, comply with any may subject me  ** I AGREE  ** The list of cert specific instruction  Authorized Rep  Prefix:  Middle Name:	this application, I certify complete and accurate y resulting terms if I accept to criminal, civil, or accept to criminal, civil, or accept to criminal accept to criminal accept to criminal acceptances on acceptance to criminal a	y Federal Debt? (If "Yes", provide explanation.)  (1) to the statements contained in the list of certifications** and (2 to the best of my knowledge. I also provide the required assurancept an award. I am aware that any false, fictitious, or fraudulent siministrative penalties. (U.S. Code, Title 218, Section 1001)  or an internet site where you may obtain this list, is contained in the analysis.	nces** and agree to tatements or claims
* 20. Is the Appl  Yes  21. *By signing herein are true, comply with any may subject me  ** I AGREE  ** The list of cert specific instruction  Authorized Rep  Prefix:  Middle Name:	this application, I certify complete and accurate y resulting terms if I accept to criminal, civil, or accept to criminal, civil, or accept to criminal.	y Federal Debt? (If "Yes", provide explanation.)  (1) to the statements contained in the list of certifications** and (2 to the best of my knowledge. I also provide the required assurancept an award. I am aware that any false, fictitious, or fraudulent siministrative penalties. (U.S. Code, Title 218, Section 1001)  or an internet site where you may obtain this list, is contained in the analysis.	nces** and agree to tatements or claims
* 20. Is the Appl Yes  21. *By signing herein are true, comply with any may subject me  ** I AGREE  ** The list of certi specific instruction  Authorized Rep  Prefix:  Middle Name:  * Last Name:  Suffix:	this application, I certify complete and accurate y resulting terms if I accept to criminal, civil, or accept to criminal, civil, or accept to criminal.	y Federal Debt? (If "Yes", provide explanation.)  (1) to the statements contained in the list of certifications** and (2 to the best of my knowledge. I also provide the required assurancept an award. I am aware that any false, fictitious, or fraudulent siministrative penalties. (U.S. Code, Title 218, Section 1001)  or an internet site where you may obtain this list, is contained in the analysis of the statement	nces** and agree to tatements or claims
* 20. Is the Appl Yes  21. *By signing herein are true, comply with any may subject me  ** I AGREE  ** The list of cert specific instruction  Authorized Rep  Prefix:  Middle Name:  * Last Name:  Suffix:  * Title: Chief,	this application, I certify complete and accurate y resulting terms if I accept to criminal, civil, or accept to criminal, civil, or accept to criminal complete.  Ms.  Stephans	y Federal Debt? (If "Yes", provide explanation.)  (1) to the statements contained in the list of certifications** and (2 to the best of my knowledge. I also provide the required assurancept an award. I am aware that any false, fictitious, or fraudulent siministrative penalties. (U.S. Code, Title 218, Section 1001)  or an internet site where you may obtain this list, is contained in the analysis of the statement	nces** and agree to tatements or claims
* 20. Is the Appl  Yes  21. *By signing herein are true, comply with any may subject me  ** I AGREE  ** The list of certi specific instruction  Authorized Rep  Prefix:  Middle Name:  * Last Name:  Suffix:  * Title: Chief,  * Telephone Num	this application, I certify complete and accurate y resulting terms if I accept to criminal, civil, or accept to criminal, civil, civil, civil, civil, civil, civil, civil, civil, civil,	y Federal Debt? (If "Yes", provide explanation.)  (1) to the statements contained in the list of certifications** and (2 to the best of my knowledge. I also provide the required assurance that any false, fictitious, or fraudulent siministrative penalties. (U.S. Code, Title 218, Section 1001)  or an internet site where you may obtain this list, is contained in the analytical statement of the sta	nces** and agree to tatements or claims
* 20. Is the Appl  Yes  21. *By signing herein are true, comply with any may subject me  ** I AGREE  ** The list of cert specific instruction  Authorized Rep  Prefix:  Middle Name:  * Last Name:  Suffix:  * Title: Chief,  * Telephone Num  * Email: mste	this application, I certify complete and accurate y resulting terms if I accept to criminal, civil, or accept to criminal, civil, civil, civil, civil, civil, civil, civil, civil, civil,	y Federal Debt? (If "Yes", provide explanation.)  (1) to the statements contained in the list of certifications** and (2 to the best of my knowledge. I also provide the required assurance that any false, fictitious, or fraudulent siministrative penalties. (U.S. Code, Title 218, Section 1001)  or an internet site where you may obtain this list, is contained in the analytical statement of the sta	nces** and agree to tatements or claims
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Application for Federal Assis	tance SF-424		Version 0
1. Type of Submission:	* 2. Type of Application:	If Revision, select appropriate letter(s):	
χ Preapplication	X New		
Application	Continuation	Other (Specify)	
Changed/Corrected Application	Revision		RECEIVED
* 3. Date Received;	4. Applicant Identifier:		land of how I want had
			AUG 0 6 2007
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:	STATE CLEARING HOUSE
State Use Only:			
6. Date Received by State:	7. State Application	Identifier:	
8. APPLICANT INFORMATION:			
a. Legal Name: SELF-HELP	ENTERPRISES		
* b. Employer/Taxpayer Identification	Number (EIN/TIN):	* c. Organizational DUNS:	
94-1592676		056179906	
d. Address:			
* Street1: 8445 WES	T ELOWIN COURT		
Street2: P.O. BOX 6	3520		
· City: VISALIA			
County: TULARE C	OUNTY		
*State: CALIFORN	1IA		
Province:	ř		
1	TED STATES		
* Zip / Postal Code: 93290			
e. Organizational Unit:			
Department Name:		Division Name:	
f. Name and contact information of	of person to be contacted on I	matters involving this application:	
Prefix: MR.	* First Nam	ne: MARIO	
Middle Name:			
· Last Name: OROSCO			
Suffix:			
Title: ADMINISTRATIVE A	NALYST II		
Organizational Affiliation:			
* Telephone Number: (559) 651	-1000, EXT. 696	Fax Number: (559	) 651-3634
• Email: marioo@selfhelpe	nterprises.org		

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M. NONPROFIT	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
Circl (appoint).	
* 10. Name of Federal Agency:	
USDA RURAL DEVELOPMENT	
11. Catalog of Federal Domestic Assistance Number;	
10.433	
CFDA Title:	
RURAL HOUSING PRESERVATION GRANTS	
* 12. Funding Opportunity Number:	
USDA-RD-HCFP-HPG-2007: HOUSING PRESERVATION GRANTS	
• Title:	
NOTICE OF FUNDS AVAILABILITY FOR THE SECTION 533 HOUSING PRESERVATION GRANTS FOR	
FISCAL YEAR 2007	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
CITIES OF HUGHSON & HURON, CALIFORNIA	
KINGS COUNTY, MADERA COUNTY, MERCED COUNTY & TULARE COUNTY, CALIFORNIA	
* 15. Descriptive Title of Applicant's Project:	
THE PRESERVATION OF HOUSING FOR LOW TO VERY LOW-INCOME HOUSEHOLDS BY	
PROVIDING LOANS AND/OR GRANTS TO REPAIR THEIR HOMES AND BRING THEM UP TO	
RHS THERMAL STANDARDS.	
Attach supporting documents as specified in agency instructions.  Add Attachments Delete Attachments View Attachments	
Add Attachments Delete Attachments   Yew Attachments	

	OMB Number: 4040-0004 Expiration Date: 01/31/2009
Application for Federal Assistance SF-424	Version 02
16. Congressional Districts Of:	
*a. Applicant 21 *b. Program	n/Project 18 - 21
Attach an additional list of Program/Project Congressional Districts if needed.  Add Attachment	
17. Proposed Project:	
	End Date: 08/01/08
18. Estimated Funding (\$): 600,000	
'a. Federal \$110,000.00	
• b. Applicant	
rc. State \$490,000.00	
¹ d. Local	
* e. Other	
f. Program Income	
g. TOTAL \$600,000.00	•
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
$\chi$ a. This application was made available to the State under the Executive Order 12372 Process fo	r review on .
b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)  Yes X. No Control of the Applicant Debt?	
21. *By signing this application, I certify (1) to the statements contained in the list of certifical herein are true, complete and accurate to the best of my knowledge. I also provide the requestion comply with any resulting terms if I accept an award. I am aware that any false, fictitious, of may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section	quired assurances** and agree to or fraudulent statements or claims
x "I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is cont specific instructions.	ained in the announcement or agency
Authorized Representative:	
Prefix: MR. * First Name: PETER	
Middle Name: NUGENT	
*Last Name: CAREY	
Suffix:	
*Title: PRESIDENT & CEO	

Fax Number:

\* Date Signed:

(559) 651-3634

MAY 16, 2007

Authorized for Local Reproduction

\* Signature of Authorized Representative:

\* Telephone Number: (559) 651-1000, EXT. 600

peterc@selfhelpenterprises.org

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102-

APPLICAT	ION	FOR	Ē K
CEDEDAL	ACC	TOTA	NO

FEDERAL ASSISTANCE		June 27	7, 2007	FY 2007 PL Overall Wo	rk Program	
1. TYPE OF SUB	MISSION:		3. DATE RECEIVED BY		State Application Identifier	
Application		Preapplication A DATE SECTION OF		94-6001344-C		
☐ Construct		Construction  Non-Construction	4. DATE RECEIVED BY	FEDERAL AGEN	CY Fedoral Identifier	
5. APPLICANT I		Non-construction				
Legal Name: California	Departmer	nt of Transportation		Organizational Ur Division of	ii: Transportation Planning	
Address (give cit					one number of person to be contacte	
P.O. Box 9	42874, MS	3-32   REC	REIVED	this application (gi	ive area code) C. Garth Hopkins	s, Acting Chief
Sacrament	o, CA 942	74-0001	G 0 6 2007	Office of Regional & I	niaragency Planning Transportation Planning. (9	16) 633-3382
6. EMPLOYER I	DENTIFICATION	THOMBEH (IEPsy)		7. TYPE OF APP	LICANT: (anter appropriate lettor in t	
9 4 —	6 0 0 1	3 4 7	CLEARING HOUSE	A. State	H. Independent School Dist.	A
B. TYPE OF APP	LICATION:	SIAIE	THE RESERVE AND ADDRESS OF THE PARTY OF THE	B. County	I. State Controlled Institution of	Higher Learning
	☐ New	Continuation	Revision	C. Municipal	J. Private University	
If Revision, enter	ennmoriate (et)	or(a) in hov(as)		D. Township E. Interstete	K. Indian Tribe L. Individual	
II Nevision, emai	appropriate terr	GI(G) III DDA(CG)		F. Intermunicipa		
A. Increase Aw			e Duration	G. Special Distr	dcl N. Other (Specify)	
D. Decrease D	uration Other	specify):		9 NAME OF FE	DERAL AGENCY:	
				DOT, Federa	I Highway Administration, Re	gion IX ————————
10. CATALOG	F FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIV	E TITLE OF APPLICANT'S PROJEC	CT:
			20-205	FY 2007/08 Federal Planning Funds \$39,522,228 in FHWA PL Funds (Estimate)		
TITLE:	MPO Highw	ay Planning				
		DJECT (Cities, Counties, Si	tates, etc.):			
State of Cali	fomia					
13. PROPOSED FY 2007 OV		14. CONGRESSIONAL D	ISTRICTS OF:	California Statewide		
Stert Date	Ending Date	a. Applicant		b. Project		_
7/1/07	6/30/07	State	ewide		Statewide Metropolitan Plann	
15. ESTIMATED	FUNDING:				72 PROCESS?	ATE EXECUTIVE
a. Federal		\$	. 500 000 0		THE	
			39,522,228	20-70 18 SECTION SECTION 180 SECTION	PREAPPLICATION/APPLICATION W	
b. Applicant		\$			ABLE TO THE STATE EXECUTIVE ( ESS FOR REVIEW ON:	ORDER 12372
c, State		\$	, oa	DATE	06/27/07	
d. Local		3	\$5,120,523 <sup>°°</sup>	7	OGRAM IS NOT COVERED BY E. O.	12372
e. Other		3	no	ORI	PROGRAM HAS NOT BEEN SELECT REVIEW	. —
f. Program Incom	ne	\$	00		LICANT DELINQUENT ON ANY FED	DEDAL DEDTO
g. TOTAL		\$	14,642,751	_	es," attach an explanation.	☑ No
18. TO THE BE	ST OF MY KNO			CATION/PREAPPI	LICATION ARE TRUE AND CORRECT	CT, THE
DOCUMENT H	AS BEEN DUL		OVERNING BODY OF T		ND THE APPLICANT WILL COMPLY	
s. Type Name o	Authorized Re		b. Title		c. Telophone Number	
d. Signature of		oseniallyo	Acting Chief, Office of Regions	i & interagency Planning	(916) 653-3362 e. Date Signed	
7. 7. 7. 7. 6. 7.	The state of the pi	-			10' Daic CiRillon	

APPLICATION FOR			,		Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED August 1, 2007			Applicant Identifier R9 Tracking #07-419	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicat		
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Construction	Construction	4. DATE RECEIVED BY	TEDERAL AGENCY	A009009-08-0		
Non-Construction  5. APPLICANT INFORMATION	✓ Non-Construction			7.000000	,	
Legal Name:			Organizational Unit	•		
Ventura County Air Pollution Co	introl District		Department: Ventura County Air F	Pollution Control	District	
Organizational DUNS: 066691122			Division: N/A			
Address: Street:			Name and telephon involving this application		rson to be contacted on matters	
669 County Square Drive, 2nd F	Floor		Prefix:	First Name:	a code)	
City: Ventura			Middle Name S.	ivancy		
County:			Last Name			
Ventura State:	Zip Code		Mendoza Suffix:		· · · · · · · · · · · · · · · · · · ·	
CA	93003		N/A =			
Country: U.S.A.			Email: nancy@vcapcd.org			
6. EMPLOYER IDENTIFICATION	N NUMBER (E/N):		Phone Number (give	area code)	Fax Number (give area code)	
95-6000944			(805) 645-1402		(805) 645-1444	
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)	
If Revision, enter appropriate lett	er(s) in box(es)	n Revision	В			
(See back of form for description	of letters.)		Other (specify)			
Other (specify)			9. NAME OF FEDERAL AGENCY: U. S. Environmental Protection Agency			
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
TITLE (Name of Program): Air Pollution Control Program		6 6 - 0 0 1	Ventura County local Air Pollution Control Program for the operation of an effective program that complies with the Federal and State requirements.			
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):	-			
Ventura County						
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS		
Start Date: October 1, 2007	Ending Date: September 30, 2008		a. Applicant		b. Project 23 & 24	
15. ESTIMATED FUNDING:	September 30, 2000		16. IS APPLICATION	N SUBJECT TO	REVIEW BY STATE EXECUTIVE	
a. Federal \$			ORDER 12372 PROC		N/APPLICATION WAS MADE	
b. Applicant \$		1,152,827	」 <sup>a. Yes.</sup> □ AVAILAE	BLE TO THE ST	ATE EXECUTIVE ORDER 12372	
No.	WAS COMMENTED TO THE PROPERTY OF THE PROPERTY	6,441,411	_	SS FOR REVIEV	VON	
c. State	ECEIVED	202,000	DATE:	A.A.IO.LIOT.OO	/FDFD D\/ F \ Q \ 40070	
	Activities Activities		D' NO' M		/ERED BY E. O. 12372	
	NUG 0 6 2007	. 00	FOR RE	VIEW	T BEEN SELECTED BY STATE	
f. Program Income \$	CIEADING	30,000	17. IS THE APPLICA	ANT DELINQUE	NT ON ANY FEDERAL DEBT?	
Annual Control of the	CLEARING HOUSE	7,796,238	Yes If "Yes" attac			
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	<b>AUTHORIZED BY THE</b>	GOVERNING BODY OF	PLICATION/PREAPPL THE APPLICANT AND	ICATION ARE 1 THE APPLICA	FRUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative						
Prefix Mr.	First Name Michael			e Name		
Last Name Villegas			Suffix			
b. Title Air Pollution Control Officer			(805)	ephone Number 645-1440		
d. Signature of Authorized Repre	esentative	1/2	e. Dat	e Signed &	1/2007	

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7-19-07

APPLICATION FOR						Version 7/03	
FEDERAL ASSISTANCE	<b>.</b>		2. DATE SUBMITTED	3.	Applicant Ident	ifier	
1. TYPE OF SUBMISSION:			3. DATE RECEIVED BY	STATE	State Applicati	on Identifier	
Application	Pre-application	on					
Construction	Construc		4. DATE RECEIVED BY	FEDERAL AGE	ICY Federal Identifier		
Non-Construction 5. APPLICANT INFORMATION	Non-Cons	truction					
Legal Name:				Organizationa	l Unit:		
County of Fresno	_		MARCON MARCON MARCON DE LA CONTRACTOR DE L	Department:	***************************************		
Organizational DUNS:		D man	CENED	Department of Division:	Public Works and Plan	ning	
078787397		A Roman B W Sweet Comme	Community De				
Address:		Λ.1	IG 0 6 2007			son to be contacted on matters	
Street:		ДΙ	involving this app		First Name:	a code)	
2220 Tulare Street, 8th Floor	900		ALCOHOLISE L	Ms.	Rebecca		
City: Fresno		STATE	CLEARING HOUSE	Middle Name			
County:			March 15 march 19 mar	Last Name Madrigal			
CO. The Co.	Zip Code		3410	Suffix:			
State: CA Country:	93721			Email:			
U.S.A.				rxmadrigal@co			
6. EMPLOYER IDENTIFICATION	ON NUMBER (	EIN):		Phone Number	(give area code)	Fax Number (give area code)	
94-6000512	2			(559) 262-4292	2	(559) 488-3940	
8. TYPE OF APPLICATION:				7. TYPE OF A	PPLICANT: (See back	of form for Application Types)	
If Revision, enter appropriate le		ontinuatio	n Revision	B County			
(See back of form for descriptio	n of letters.)	, 	П	Other (specify)			
Other (specify)				9. NAME OF F U.S.D.A. Rural	EDERAL AGENCY: Development		
10. CATALOG OF FEDERAL	DOMESTIC A	SSISTAN	CE NUMBER:	DOLL THE PROPERTY OF DESIGNATION OF THE PROPERTY OF THE PROPER	IVE TITLE OF APPLIC	CANT'S PROJECT:	
				1 200		ion Project in rural Fresno County	
TITLE (Name of Program):			1 0-4 3 3	o mior o coupi	ou riousing rioriusinia	ien i reject in raidi i resilio county	
Housing Preservation Grant							
12. AREAS AFFECTED BY P	ROJECT (Citie	s, Countie	s, States, etc.):				
Fresno County unincorporated	l rural areas						
13. PROPOSED PROJECT			Taxasas - Taxasas - Taxasas - Taxas -		SIONAL DISTRICTS		
Start Date: 10/1/07	Ending Da 9/30/09	ite:		a. Applicant 18, 19, 20, 21		b. Project 18, 19, 20, 21	
15. ESTIMATED FUNDING:	3/30/03					REVIEW BY STATE EXECUTIVE	
A SEC COMP OF ASSESS TO AS			00	ORDER 12372	PROCESS?	VARRELIGATION WAS ALLES	
a. Federal	\$		100,000	a. Yes. 🛛 🗛	AILABLE TO THE ST	/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant	\$	-	100,000		ROCESS FOR REVIEW	Principal Communication of the	
c. State	\$		.00	DA	TE: June 4, 2007		
d. Local	\$	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.00	b. No. I	ROGRAM IS NOT COV	ERED BY E. O. 12372	
e. Other	\$	<u> </u>	.00			T BEEN SELECTED BY STATE	
f. Program Income	\$		.00		R REVIEW PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL	\$		00	Use If "Ves	" attach an explanation	. <b>Z</b> No	
18. TO THE BEST OF MY KN	IOWI EDGE AN	ID REI IE	200,000 THIS API		The state of the s	Miller A. March	
	Y AUTHORIZE	D BY THE	GOVERNING BODY OF			NT WILL COMPLY WITH THE	
a. Authorized Representative	T=		400		h 42 4 41 h 1		
Prefix Mr.  First Name Alan				Middle Name			
Last Name Weaver		7			Suffix	× 100 × 100 ×	
b. Title Director, Department of Public	. Works and Di-	anning			c. Telephone Number	(give area code)	
d. Signature of Authorized Rep		arminy			(559) 262-4078 e. Date Signed		
a. Orginature of Authorized Nepresentative					June 12, 2007		

Previous Edition Usable Authorized for Local Reproduction Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102 **APPLICATION FOR** 

OMB Approval No. 0348-0043

FEDERAL ASSISTANCE		ICE	2. DATE SUBMITTED  June 27, 2007		Applicant Identifier FY 2007 PL Overall Work Program			
1. TYPE OF SUBMISSIO	ON:		3. DATE RECEIVED BY	STATE	State Application Identifier			
Application		Preapplication			94-6001344-C			
Construction		Construction	4, DATE RECEIVED BY	FEDERAL AGENCY	Fedoral Identifier			
Non-Construction	n	Non-Construction						
5. APPLICANT INFORM	NOITAN							
Legal Name; California Depa	artmen	t of Transportation	1	Organizational Unit: Division of Tra	t: Fransportation Planning			
Address (glve city, coun	ty, State.	and zlp code):		Name and telephone number of person to be contacted on matters involve				
P.O. Box 942874, MS - 32				this application (give area code) C. Garth Hopkins, Acting Chief				
The state of the s			Office of Regional & Interegency Planning Transportation Planning. (916) 653-3382					
8. EMPLOYER IDENTIF	FICATION	NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)			
94-60	0 1	3 4 7		A. State	H. Independent School Dist.	Α		
8. TYPE OF APPLICAT	ION:			B. County	I. State Controlled Institution of High	ier Learning		
	New	✓ Continuation	Revision	C. Municipal	J. Private University			
	☐ M6M	A couttinganou	LI MATISTOTI	D. Township	K. Indian Tribe			
If Revision, enter approp	priate lette	er(s) in box(es)		E. Interstate	L. Individual			
			J	F. Intermunicipal	M. Profit Organization			
A. Increase Award		rease Award C. Increas	e Duration	G. Special District	N. Other (Specify)			
D. Decrease Duration Other(specify):				9. NAME OF FEDERA	AL AGENCY:			
	- <del> </del>		<u>.</u>	DOT, Federal Hig	ghway Administration, Region	ı IX		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:					
	20-515			EV 2007/09 State	Planning & Research Funds			
					rtnership Planning Grant Prod			
		ng and Research Prop			Regional Blueprint Planning			
12. AREAS AFFECTED	BY PRO	DJECT (Cities, Countles, St	ales, elc.):	00,000,000 (11 0)	rregional bioopinis Flaming	Togram		
State of California	11.12							
13. PROPOSED PROJ FY 2007 OWP Pro		14. CONGRESSIONAL D		California Statewide				
Start Date Ending	-	a. Applicant		b. Project		· · · · · · · · · · · · · · · · · · ·		
	30/07	State	wide		de Planning & Research Studi			
15. ESTIMATED FUND	ING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE	EXECUTIVE		
		Y		ORDER 12372 PR	OCESS?			
a. Federal		\$	6,059,625					
h A 1/1			m m	a. YES. THIS PREA				
b. Applicant		\$		AVAILABLE TO THE STATE EXECUTIVE OR PROCESS FOR REVIEW ON:		ER 12372		
c. State		S	.do	}	06/27/07			
d. Local		s	1,514,906	DATE				
e. Other		\$	.00		AM IS NOT COVERED BY E. O. 1237			
0. 00161		40	•	FOR REV	GRAM HAS NOT BEEN SELECTED E	JY STATE		
f. Program income		\$	00	1	14.11			
				17. IS THE APPLICAL	NT DELINQUENT ON ANY FEDERAL	L DEBT?		
g. TOTAL \$ \$7,574,531		Yes If "Yes," attach an explanation.						
18. TO THE BEST OF	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE							
DOCUMENT HAS BEE	DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.							
a. Type Name of Author	rized Rep	resentative	b. Title		c. Telephone Number			
C. Garth Hopkins			Acting Chief, Office of Regional	Interagoncy Planning	(916) 653-3362			
d. Signalure of Authoriz	ee Repre	eentative _		у.	e, Date Signed			
June 27, 2007								



## **APPLICATION FOR**

FEDERAL ASSISTANCE		June 27, 2007		FY 2007 PL Overall Work Program			
1. TYPE OF SUBMISSION:	Becanallegiles	3. DATE RECEIVED BY STATE		State Application Identifier 94-6001344-C			
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Idontifier			
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION							
Lagai Name: California Departmer	nt of Transportatio	n	Organizational Unit: Division of Tra	nsportation Planning			
Address (give city, county, State	and zip code):			umber of person to be contacted on matte			
P.O. Box 942874, MS	S - 32		this application (give ar	ea code) C. Garth Hopkins, Acting	Chief		
Sacramento, CA 942	74-0001	Office of Regional & Interso	ency Planning Transportation Planning, (816) 653-338;	2			
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)	· · · · · ·		
94-6001	3 4 7		A. State	H. Independent School Dist.			
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Le	amina		
	v ✓ Continuation	Revision	C. Municipal	J. Private University			
∐ Nev	Conditionation		D. Township	K. Indian Tribe			
If Ravision, enter appropriate let	ter(s) in box(es)		E. Interstate	L. Individual			
	-		F. intermunicipal	M. Profit Organization			
		se Duration	G. Special District	N. Olher (Specify)			
D. Decrease Duration Other(specify):			9. NAME OF FEDERA	L AGENCY:	· · ·		
			DOT, Federal Highway Administration, Region IX				
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TO	LE OF APPLICANT'S PROJECT:			
		2 0 - 5 1 4	EV 2007/08 49 11	.S.C., Chapter 53, Section 5303			
		نبت تت	Metropolitan Planning Program - \$12,177,822				
	ning and Research			C., Chapter 53, Section 5305			
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties, S	nates, etc.):	State Planning & Research Program - \$2,390,046				
State of California							
13. PROPOSED PROJECT FY 2007 OWP Program	14. CONGRESSIONAL	DISTRICTS OF:	California Statewid	e			
Start Date Ending Date	a. Applicant		b. Project	7 ALL • 1000			
7/1/07 6/30/07	Stat	ewide		Statewide Transit Planning			
15. ESTIMATED FUNDING:				SUBJECT TO REVIEW BY STATE EXEC	UTIVE		
a. Federal	s	90	ORDER 12372 PR	OCESS?			
a. reneral	\$	14,567,868	B. YES, THIS PREA	PPLICATION/APPLICATION WAS MADE	<u>.</u>		
b, Applicant	\$	, oct	AVAILABLE	E TO THE STATE EXECUTIVE ORDER 12372			
c. State	s	80	PROCESS FOR REVIEW ON:				
			DATE	06/27/07			
d. Local	\$1,887,422		b. No. PROGRA	M IS NOT COVERED BY E. O. 12372			
e, Other				SRAM HAS NOT BEEN SELECTED BY ST	TATE		
Program Income \$ .00			FOR REVIEW				
17.15		17. IS THE APPLICA	T DELINQUENT ON ANY FEDERAL DE	BT?			
g. TOTAL \$ \$16,455,290.			Yes if "Yes,"	attach an explanation.	Nο		
				TION ARE TRUE AND CORRECT, THE			
DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES II			HE APPLICANT AND TH	HE APPLICANT WILL COMPLY WITH TH	E		
a. Type Name of Authorized Re C. Garth Hopkins		b. Title Acting Chief, Office of Regions	& Interension Plan-lan	c, Telephone Number (916) 653-3362			
d. Signature of Authorized Rep	resentativh	- String Striner, Office of regions	a the admired Ligarithm	e. Date Signed			
				June 27, 2007			
Previous Edition Usable			A	Standard Form 404 (Day 7 07			

APPLICATION FOR	•	2. DATE SUBMITTED		A multiplicate ladic on	Version 7/03		
FEDERAL ASSISTANCE		2. DATE GODINITIED		Applicant Identifier			
1. TYPE OF SUBMISSION: pplication	Pre-application	3. DATE RECEIVED BY STATE		State Applicati	State Application Identifier		
Construction	Construction	4. DATE RECEIVED BY FEDERAL AGE		CY Federal Identif	ier		
Non-Construction	Non-Construction		9				
5. APPLICANT INFORMATION			1				
Legal Name:			Organizational Department:	Unit:			
Burbank Housing Development	Corporation	6	Development	<u> </u>			
Organizational DUNS: 103427225			Division:				
Address:					rson to be contacted on matters		
Street: 790 Sonoma Avenue			Prefix:	pplication (give are First Name:	a code)		
			Mr.	Tom	RECEIVED		
City: Santa Rosa			Middle Name		UEIVED)		
County: Sonoma		w.	Last Name Kuhn	<del>-</del>	AUG 0 9 2007		
State: CA	Zip Code 95404		Suffix:				
Country:			Email:		STATE CLEARING HOUSE		
6. EMPLOYER IDENTIFICATION	N NIMPED (EIAN)		tkuhn@burbank		Fax Number (give area code)		
	_		707-526-1020 e:	.S	E STATE OF THE PARTY OF THE PAR		
9 4 - 2 8 3 7 7 8 5			THE R. DESERVED S. BURNING CO.		707-526-9811		
8. TYPE OF APPLICATION:	Clear	- Apparent	7. TYPE OF AP	PLICANT: (See back	c of form for Application Types)		
If Revision, enter appropriate let		n Revision	Non-Profit		*		
(See back of form for description			Other (specify)		Farm Co.		
Other (specify)			9. NAME OF FE	DERAL AGENCY:	RECEIVED		
		_ ·					
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	9	ľ	CANTIS (PROJECT2007		
		10-420	Manzanita Self-	Help Housing	Homes		
TLE (Name of Program):			Bevelopment of	22 Matadi Con 1768	ACE CLEARING HOUSE		
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	s, States, etc.):	\$484,000 repre	sents 100% of the gra	ant amount		
Windsor, Sonoma County, CA.			: : :				
13. PROPOSED PROJECT	· · · · · · · · · · · · · · · · · · ·		14. CONGRESS	SIONAL DISTRICTS	OF:		
Start Date:	Ending Date:		a. Applicant First		b. Project		
06-01-08 15. ESTIMATED FUNDING:	08-31-09			ATION SUBJECT TO	REVIEW BY STATE EXECUTIVE		
		- 00	ORDER 12372 F	PROCESS?			
a. Federal \$		, 0			I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372		
b. Applicant \$	-			OCESS FOR REVIE	S. Bartishand, Management and April 1997, April 1997, Section 1997, 1997		
c. State \$			DA <sup>-</sup>	TE: 08/03/07			
d. Local \$	·	.00	b. No. II PRO	OGRAM IS NOT COV	/ERED BY E. O. 12372		
e. Other \$		.00	□ OR		T BEEN SELECTED BY STATE		
f. Program Income \$		.00		REVIEW PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?		
g. TOTAL \$	-	.00	Use If "Ves"	attach an explanation	n. No		
18. TO THE BEST OF MY KNO	OWI EDGE AND BELIE	F ALL DATA IN THIS AP					
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	<b>GOVERNING BODY OF</b>					
a. Authorized Representative	THE AGGISTANCE IS	TITARDED.					
Prefix Mr.	First Name Nick			Middle Name			
Last Name Stewart				Suffix			
b. Title				. Telephone Number			
Deputy Executive Director	ocontativo			707-526-1020 ext. 21			
Signature of Authorized Repr	esentative NS	<del></del>		e. Date Signed	607		

APPLICATION FOR		A DATE CURWITTED		TA 12 111	Version 7/03	
FEDERAL ASSISTANCE	7ANCE 2. DATE SUBMITTED August 9, 2007		Applicant Identifier		entifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applic	State Application Identifier	
☑ Construction	Construction	4. DATE RECEIVED BY FEDERAL AGI		Federal Ider	Federal Identifier	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:			Organizational Uni	t:		
Community Resource Project, In	IC.		Department:			
Organizational DUNS:			Division:			
Address:			Name and telephor	ne number of p	person to be contacted on matters	
Street:			involving this appli	First Name:	ea qode)	
250 Harris Avenue			Mr.	John	"FOEIVED	
City: Sacramento			Middle Name		AUG 1 0 2002	
County: Sacramento			Last Name Weidemaier		AUG 1 0 2007	
State: California	Zip Code 95838		Suffix:	L	STATE CLEARING HOUSE	
Country: United States of America			Email: iweidemaier@rcac.o			
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):	•	Phone Number (give		Fax Number (give area code)	
94-2280427			530-741-2227		530-741-2228	
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	CANT: (See ba	ack of form for Application Types)	
✓ New		n Revision	0			
If Revision, enter appropriate lette (See back of form for description			Other (specify)			
Other (specify)			9. NAME OF FEDER U.S. Department of			
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE 1	TITLE OF APP	LICANT'S PROJECT:	
TITLE (Name of Program): Communities Facilities Loans an  12. AREAS AFFECTED BY PROGRAM, Sacramento County, California	DJECT (Cities, Counties	1 0 - 7 6 6 c, States, etc.):	Galt, California. At o Community resource new Charter School	ompletion, the e Project's WIC , the Nueva Vis	family learning center in downtown family learning center will house and weatherization programs and a sion Academy. Additional space will g services to low-income families.	
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	S OF:	
Start Date:	Ending Date:		a. Applicant		b. Project	
March 2008 15. ESTIMATED FUNDING:	March 2009	_	5 - Doris Matsui	N SUBJECT T	3 and 11 O REVIEW BY STATE EXECUTIVE	
			CDDED 40070 DDG	0000	The second control of the second seco	
a. Federal \$		3,177,472	a. Yes. Z AVAILA	BLE TO THE S	DN/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372	
b. Applicant \$		505,000	2002 00 3000002020000000000000000000000	SS FOR REVIE		
c. State \$		.00	AND AND CANDOR PROCESSOR - TO-	August 9, 2007		
d. Local \$		.00	b. No. 🔲 PROGR	AM IS NOT CO	OVERED BY E. O. 12372	
e. Other \$		.00	OR PRO		OT BEEN SELECTED BY STATE	
f. Program Income \$		.00	17. IS THE APPLICA	ANT DELINQU	ENT ON ANY FEDERAL DEBT?	
g. TOTAL \$		3,682,472 ·	☐ Yes If "Yes" attac	ch an explanati	on. 🛭 No	
ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BODY OF T			TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE	
a. Authorized Representative Prefix Ms.	First Name Louise		Middl A.	e Name		
Last Name Perez		AL.	Suffix			
b. Title Executive Director				ephone Numbe	er (give area code)	
d. Signature of Authorized Repres	sentative	<u></u>		te Signed		
				C Y Color		



# BJA FY 07 Edward Byrne Memorial Justice Assistance Grant (JAG) Program 2007-F3402-CA-DJ



Application

Correspondence

Switch to ...

Review SF-424 Print	а Сору					
<b>Application Handbook</b>	APPLICATION FOR	2. DATE SUBMITTED	Applicant Identifier			
Overview	FEDERAL ASSISTANCE	June 25, 2007				
	1. TYPE OF SUBMISSION	3. DATE RECEIVED BY STATE	State Application Identifier			
Applicant Information	Application Non-Construction					
Información		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier			
Project Information						
Budget and	5.APPLICANT INFORMATION					
Program Attachments	Legal Name		Organizational Unit			
Assurances and	San Joaquin County		County Administrator's Office			
Certifications	Address		Name and telephone number of the person to be contacted on matters involving this application			
Review SF 424	222 E Weber Avenue Room 707 Stockton, California 95202-2709		Brown, Phillip (209) 468-3204			
Submit Application	6. EMPLOYER IDENTIFICATION	7. TYPE OF APPLICANT				
Help/Frequently	94-6000531	County				
Asked Questions	8. TYPE OF APPLICATION		9. NAME OF FEDERAL AGENCY			
GMS Home	New	Bureau of Justice Assistance				
000	10. CATALOG OF FEDERAL DOM	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT				
Log Off	NUMBER: 16.738					
	CFDA EDWARD BYRNE MEMO TITLE: ASSISTANCE GRANT F	JAG Youth Program				
	12. AREAS AFFECTED BY PROJE	CT Procedure				
	San Joaquin County, California	RECEIVE	ED			
	13. PROPOSED PROJECT	AUG 1 3 200	14. CONGRESSIONAL DISTRICTS OF			
	Start Date: July 01, 2007 End Date: June 30, 2011 STATE CLEARING					
		**************************************	b. Project CA11 CA18			
	15. ESTIMATED FUNDING Federal	\$504,437	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
	Applicant	\$0				
	State	\$0	This preapplication/application was made available to the state executive			
	Local	order 12372 process for review on 07/25/2007				

Other	\$0	
Program Income	\$0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
TOTAL	\$504,437	DEBT:
		N

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.

Continue



# BJA FY 07 Edward Byrne Memorial Justice Assistance Grant (JAG) Program 2007-F3402-CA-DJ



Application

#### Correspondence

Switch to ...

#### **Application Handbook**

#### **Project Information**

Overview	Descriptive Title of Applicant's Project						
Applicant	JAG Youth Program						
Information	Areas Affected by Project						
Project Information	San Joaquin County, California						
Budget and	Proposed Project						
<u>Program</u> Attachments		*Start Date	July/ 01/ 2007				
Assurances and		*End Date	June/ 30/ 2011				
Certifications	*Congressional Districts of						
Review SF 424	Project		Congressional District 11, CA Congressional District 18, CA				
Submit Application	*Estimated Funding						
	Federal		\$504437.00				
Help/Frequently Asked Questions	Applicant		\$0.00				
GMS Home	State		\$0.00				
Log Off	Local		\$0.00				
Log On	Other		\$0.00				
	Program Income		\$0.00				
	TOTAL		\$504437.0 <b>0</b>				

Continue

APPLICATION FOR	5						Version 7/03	
FEDERAL ASSIST	-		2. DATE SUBMI	TED	)	Applicar	t Identifier	
1. TYPE OF SUBMISS Application	SION: 3.		3. DATE RECEIV	/ED E	BY STATE	State Ap	plication Identifier	
☐ Construction	Text review that the text	struction	4. DATE RECEIV	/ED E	BY FEDERAL AGENCY	Federal	Identifier	
☐ Non-Construction		-Construction	u analysis a					
5. APPLICANT INFO	RMATION				Oursellestians Huite			
Legal Name:					Organizational Unit:  Department:			
Woodville Public Utility		1000						
Organizational DUNS:	180	828	114116		Division:			
Address:							person to be contacted on	
Street:					matters involving this Prefix:	application	on (give area code) First Name:	
16716 Avenue 168			Proce 11 1 ferror free	1	Mr.		Dennis	
City:		TREC	EIVED	T	Middle Name:	-		
Woodville		1	1 0 2007	+	R. Last Name:			
County: Tulare		AUG	1 3 2007		Keller			
State:		Zp Code:			Suffix:			
CA		9\$2 <b>\$</b> \$A\$567CL	EARING HOUSE	-	Email:			
Country: USA			AND THE SHOP AND ASSESSMENT OF THE SHOP ASSES		kelweg1@aol.com			
6. EMPLOYER IDENT	TIFICATION NUM	BER (EIN):			Phone Number (give area code) Fax Number (give area code)			
9 4 — 1 5	4 5 6 5 2				(559) 732-7938		(559) 732-7937	
8. TYPE OF APPLICA	ATION:				7. TYPE OF APPLICAN	IT: (See b	ack of form for Application Types)	
⊠ N	account	PERMITTED TO THE PROPERTY OF T	sion		G			
If Revision, enter appr (See back of form for					Other (specify)			
(See back of form for t	description of lette	13.1						
Other (specify)					9. NAME OF FEDERAL	AGENCY	· ·	
					Rural Development, CA,			
10. CATALOG OF FE	DERAL DOMEST	TIC ASSISTANC		_	11. DESCRIPTIVE TITL			
TITLE (Name of Progr	am).	L	1 0 - 7 6	0	treatment and disposal f		ratering beds at the wastewater	
Water and Waste Disp		ant Program			The effective and the effectiv	•		
12. AREAS AFFECTE	D BY PROJECT	(Cities, Counties	s, States, etc.):					
13. PROPOSED PRO					14 CONGRESSIONAL	DISTRICT	S OF:	
Start Date:	OLO1	Ending Date:			14. CONGRESSIONAL DISTRICTS OF:  a. Applicant b. Project			
June 2008		November 2008	3		21		21	
15. ESTIMATED FUN	DING:				16. IS APPLICATION SE EXECUTIVE ORDER 12			
a. Federal	\$		426,000	.00	a. Yes. 🛛 THIS PREAPPLICATION/APPLICATION WAS MAD			
b. Applicant	\$			.00			STATE EXECUTIVE ORDER R REVIEW ON	
c. State	\$ .00			.00	DATE: 4			
d. Local	\$ .00			.00	b. No. PROGRAM IS NOT COVERED BY E. O. 12372			
e. Other	\$ .00			OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
f. Program Income	\$ .00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT				
g. TOTAL	\$ 525,000 .00				☐ Yes. If "Yes" attach an explanation. ☐ No.			
	S BEEN DULY A	JTHORIZED BY	THE GOVERNING	G BO			ARE TRUE AND CORRECT. E APPLICANT WILL COMPLY	
a. Authorized Represe			Annual Control					
Prefix	First Name				Middle Name			
Mr. Last Name	Ralph		HILLIO TANA COMMININE MICHIGAN		Suffix			
Gutierrez					- 2	0		

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d. Signature of Authorized Representative

b. Title

Manager

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

c. Telephone Number (give area code)

8-6-07

(559) 686-9649

e. Date Signed

### **DRAFT**

### Application for Federal Assistance

### **DRAFT**

1. TYPE OF SUBMISSIO	<u>v</u>	2. DATE SUBMITTE	D	Applicant Identifier	
Application	Pre-application	3. DATE RECEIVED 08/10/2007	BY STATE	State Application Identifier	
[ ] Construction [x] Non-Construction	[ ] Construction (x) Non-Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal identifier NEG-CA-L2-07-001	
5. APPLICANT INFORMA	TION				
Legal Name: NOVA Work	force Board		Organizational Unit (Depa Employment Developmen (Division):	rtment): City of Sunnyvele - Dept. of t	
Addrass; 505 W. Olive Avenue Suite 550 Sunnyvale, CA 94086		Name and telephone number of person to be contacted on matters involving this application:  Name: Michael J. Curran Phone: (408) 730-7248 Fax: (408) 730-7643 Email: mcurran@novaworks.org			
	n Number (EIN): 94-6000438		7. TYPE OF APPLICANT Other(specify):	enter appropriete letter in bax: [B]	
6b. DUNS Number: 04789	97863		1		
B. TYPE OF APPLICATION:  [x] New [] Continuation [] Revision  If Revision, enter appropriate letter(s) in box(es): [] []  A. Increase Award B. Decrease Award  C. Increase Duration D. Decrease Duration  Other:			A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	
			9. Name of Federal Agend	cy: DOL/ETA	
10. CATALOG OF FEDEI TITLE: WIA DISLOCATE	RAL DOMESTIC ASSISTANCE D WORKERS	NUMBER: 17 - 260	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Silicon Valley Regional Innovation Grant		
12. AREAS AFFECTED E San Mateo and Santa Cla	BY PROJECT (Cities, Counties ira Counties	, States, etc.):			
13. PROPOSED PROJEC	T	<u> </u>	14. CONGRESSIONAL D	ISTRICTS OF	
Start Date: 10/01/2007	Ending Date: 03/31/2009		a. Applicant: CA District 1-	b. Project: CA District 11, CA District 12, CA District 14, CA District 15, CA District 16	
15. ESTIMATED FUNDIN	G	-		SJECT TO REVIEW BY STATE	
a. Federal		\$ 250,000	EXECUTIVE ORDER 12372 PROCESS	37	
b. Applicant		\$ 0		L PECEIVED	
c. State		\$ 0		Twis II BY Roman Reed	
d. Local		\$0	1	AUG ! 5 2007	
e. Other		\$ 0			
f. Program Income		\$0		STATE CLEARING HOU	
g. TOTAL		\$ 250,000	-	And the state of t	
			17. IS THE APPLICANT D DEBT?	ÉLINQUENT ON ANY FEDERAL	
THE DOCUMENT HAS B	KNOWLEDGE AND BELIEF, EEN DULY AUTHORIZED BY SSURANCES IF THE ASSIST.	THE GOVERNING BOD	PLICATION/PREAPPLICAT DY OF THE APPLICANT AN	TON ARE TRUE AND CORRECT. NO THE APPLICANT WILL COMPLY	
a. Type Name of Authorized Representative: Michael J. Curran			b. Title; Director	c. Telephone Number (408) 730-7248	
d. Signature of Authorized	Representative:		e. Date Signed:		
The reporting requirements	Are approved by OMB accord	ing to the Penerson De	eduction Act of 1005 under	OMB approval No. 1206 0420 NOTE	

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. NOTE: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mendatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 15 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439)